

SERFF Tracking Number:	UNUM-125304754	State:	Arkansas
Filing Company:	Unum Life Insurance Company of America	State Tracking Number:	37060
Company Tracking Number:	1237-96 (9/07)		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	Individual Long Term Care		
Project Name/Number:	/		

Filing at a Glance

Company: Unum Life Insurance Company of America

Product Name: Individual Long Term Care	SERFF Tr Num: UNUM-125304754	State: ArkansasLH
TOI: LTC03I Individual Long Term Care	SERFF Status: Closed	State Tr Num: 37060
Sub-TOI: LTC03I.001 Qualified	Co Tr Num: 1237-96 (9/07)	State Status: Filed-Closed
Filing Type: Form	Co Status:	Reviewer(s): Harris Shearer
	Author: Jason Sirois	Disposition Date: 03/27/2008
	Date Submitted: 09/26/2007	Disposition Status: Filed
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 04/23/2008	
State Status Changed: 04/23/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Please refer to the cover letter. Thank You	

Company and Contact

Filing Contact Information

Jason Sirois, Senior Contract Analyst	jsirois@unum.com
2211 Congress Street	(207) 575-0986 [Phone]
Portland, ME 04122	(423) 209-3616[FAX]

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Filing Company Information

Unum Life Insurance Company of America	CoCode: 62235	State of Domicile: Maine
2211 Congress Street	Group Code: 416	Company Type: L&H
Portland, ME 04122	Group Name:	State ID Number:
(207) 575-2211 ext. [Phone]	FEIN Number: 01-0278678	

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Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Unum Life Insurance Company of America	\$20.00	09/26/2007	15810498

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Harris Shearer	04/23/2008	04/23/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Deemer Letter	Supporting Document	Jason Sirois	03/27/2008	03/27/2008

<i>SERFF Tracking Number:</i>	<i>UNUM-125304754</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Individual Long Term Care</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 03/27/2008

Implementation Date:

Status: Filed

Comment: Filing has been reviewed and is approved as of the Deemed Date in your letter.

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	Cover Letter		Yes
Supporting Document	Deemer Letter		Yes
Form	Individual Long Term Care Personal Worksheet		Yes

SERFF Tracking Number: UNUM-125304754 State: Arkansas
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Company Tracking Number: 1237-96 (9/07)
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual Long Term Care
Project Name/Number: /

Amendment Letter

Amendment Date:

Submitted Date: 03/27/2008

Comments:

Deemer Letter

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Deemer Letter

Comment:

AR Deemer Letters.pdf

SERFF Tracking Number: UNUM-125304754 State: Arkansas
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Form Schedule

Lead Form Number: 1237-96 (9/07)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	1237-96 (9/07)	Other	Individual Long Term Initial Care Personal Worksheet			0	1237-96 _9-07_ clean form.pdf 1237-96 _9-07_ with underlined changes.pdf



Long Term Care Personal Worksheet

People buy long term care insurance for many reasons. Some don't want to use their own assets to pay for long term care. Some buy insurance to make sure they can choose the type of care they get. Others don't want their family to have to pay for care or don't want to go on Medicaid. However, long term care insurance may be expensive and may not be right for everyone.

By state law, the insurance company must fill out part of the information on this worksheet and ask you to fill out the rest to help you and the company decide if you should buy this policy.

Premium Information

The premium for the coverage you are considering will be \$ _____ per month or \$ _____ per year.

Type of Policy: This is a guaranteed renewable policy.

Right to Increase Premiums: The company has the right to increase premiums on this policy form in the future, provided it raises rates for all policies in the same class in this state.

Rate Increase History: Unum Life Insurance Company of America has sold long term care insurance since 1988; the Advantage I (LTC94, et al.) policy series has been sold since 1994, and the Advantage Plus (LTC99, et al.) policy series has been sold since 1999. [Unum Life Insurance Company of America has raised premium rates on the LTC94 and LTC94Q forms in the last ten years.] Following is a summary of the rate increases:

Policy Form	Years Available for Sale	Year of Rate Increase	Total Percentage Rate Increase
[LTC94	1994-2003	2006 and 2007	0-30% (<i>varies by state</i>)
LTC94Q	1997-2003	2006 and 2007	0-30% (<i>varies by state</i>)

If you are not sure what policy form you have, look at the policy form identified on the lower left side of the policy face page.

Income, Savings and Investments

Do you choose to complete the questions below related to your income, savings and investments?

☐ Yes (*see below*) ☐ No (*please go to Disclosure Statement on the following page*)

Questions Related to Your Income

How will you pay each year's premium? ☐ My Income ☐ My Savings/Investments ☐ My Family Will Pay

You should consider whether you could afford to keep this policy if the premiums went up, for example, by 20%?

What is your annual income?

☐ Under \$10,000 ☐ \$10-19,999 ☐ \$20-29,999 ☐ \$30-39,999 ☐ \$40-50,000 ☐ Over \$50,000

How do you expect your income to change over the next 10 years?

☐ No change ☐ Increase ☐ Decrease

If you will be paying premiums with money received only from your income, a rule of thumb is that you may not be able to afford this policy if the premiums will be more than 7% of your income.

Will you buy inflation protection? ☐ Yes ☐ No

If not, how you will pay for the difference between future costs and your daily benefit amount?

☐ From My Income ☐ From My Savings/Investments ☐ My Family Will Pay

The national average annual cost of a private room in a nursing home in 2006 was \$70,900¹, but this figure varies across the country. In ten years the national average cost would be about \$115,489 if costs increase 5% annually.

What elimination period are you considering? Number of days: _____

Approximate cost \$_____ for that period of care.

How are you planning to pay for your care during the elimination period?

☐ From My Income ☐ From My Savings/Investments ☐ My Family Will Pay

¹ Georgetown University, Long-Term Care Financing Project, "National Spending for Long-Term Care Fact Sheet, "January 2007.

Long Term Care Personal Worksheet - Continued

Questions Related to Your Savings and Investments

Not counting your home, about how much are all of your assets (your savings and investments) worth?

☐ Under \$20,000 ☐ \$20-29,999 ☐ \$30-50,000 ☐ Over \$50,000

How do you expect your assets to change over the next ten years? ☐ No change ☐ Increase ☐ Decrease

If you are buying this policy to protect your assets and your assets are less than \$30,000, you may wish to consider other options for financing your long term care.

Disclosure Statement

(Please check one)

☐ The answers to the questions above describe my financial situation.

OR

☐ I choose not to complete this information.

(This box must be checked)

☐ I acknowledge that the carrier and/or its producer (below) has reviewed this form with me including the premium, premium rate increase history, and potential for premium increases in the future. I understand the above disclosures. I understand that the rates for this policy may increase in the future.

(Complete if applicable)

☐ I have been advised that this policy does not seem to be suitable for me. However, I still want the company to consider my application.

Signature of Applicant: _____ Date: _____

(If a producer is assisting you in completing this Personal Worksheet, please have him/her sign below)

☐ I explained to the applicant the importance of completing this information.

Signature of Producer: _____ Date: _____

Producer Printed Name: _____

Signature of Applicant: _____ Date: _____

The company may contact you to verify your answers.



Long Term Care Personal Worksheet

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Long Term Care Personal Worksheet - Continued

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Disclosure Statement

(Please check one)

☐ The answers to the questions above describe my financial situation.

OR

☐ I choose not to complete this information.

(This box must be checked)

☐ I acknowledge that the carrier and/or its producer (below) has reviewed this form with me including the premium, premium rate increase history, and potential for premium increases in the future. I understand the above disclosures. I understand that the rates for this policy may increase in the future.

(Complete if applicable)

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Signature of Applicant: _____ Date: _____

(If a producer is assisting you in completing this Personal Worksheet, please have him/her sign below)

☐ I explained to the applicant the importance of completing this information.

Signature of Producer: _____ Date: _____

Producer Printed Name: _____

Signature of Applicant: _____ Date: _____

The company may contact you to verify your answers.

<i>SERFF Tracking Number:</i>	<i>UNUM-125304754</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Unum Life Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>37060</i>
<i>Company Tracking Number:</i>	<i>1237-96 (9/07)</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>Individual Long Term Care</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Rate Information

Rate data does NOT apply to filing.

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Product Name:	Individual Long Term Care		
Project Name/Number:	/		

Supporting Document Schedules

	Review Status:	
Satisfied -Name:	Certification/Notice	09/26/2007
Comments:		
Attachment:		
AR Flesch.pdf		

	Review Status:	
Bypassed -Name:	Application	09/26/2007
Bypass Reason:	N/A	
Comments:		

	Review Status:	
Bypassed -Name:	Health - Actuarial Justification	09/26/2007
Bypass Reason:	N/A as rates are not being filed	
Comments:		

	Review Status:	
Bypassed -Name:	Outline of Coverage	09/26/2007
Bypass Reason:	N/A	
Comments:		

	Review Status:	
Satisfied -Name:	Cover Letter	09/26/2007
Comments:		
Attachment:		
UA PW Filing Letter.pdf		

	Review Status:	
Satisfied -Name:	Deemer Letter	03/27/2008
Comments:		
Attachment:		
AR Deemer Letters.pdf		

Name of Company: **Unum Life Insurance Company of America**

This is to certify that the forms listed below meet the minimum score required by the Flesch Reading Ease Test.

Form and Form Number to which the Certification is Applicable

<u>Form</u>	<u>Form No.</u>	<u>Flesch Score</u>
Personal Worksheet	1237-96 (9/07)	55.4



Officer's Name

Vice President
Officer's Title

Date: September 26, 2007



2211 Congress Street
Portland, Maine 04122
207 575 2211
www.unum.com

September 26, 2007

ARKANSAS INSURANCE DEPARTMENT
LIFE & HEALTH DIVISION
1200 W 3RD ST
LITTLE ROCK AR 72201-1904

RE: Unum Life Insurance Company of America
NAIC #565-62235
FEIN #01-0278678
Individual Long Term Care Insurance
Personal Worksheet 1237-96 (9/07)

Dear Commissioner Bowman:

Enclosed for your consideration and approval is personal worksheet form number 1237-96 (9/07). This form is intended to replace personal worksheet form number 1237-96, approved on January 1, 2000. I have included two copies of the form, the first which is underlined to reflect the changes made to the form and the second which is a clean form.

We updated the Rate Increase History section and cost of care statistic. We request the bracketed text within the Rate Increase History section of the personal worksheet to be considered variable. The bracketed sentence "Unum Life Insurance Company of America has raised premium rates on the LTC94 and LTC94Q forms in the last ten years." will vary only to the extent another bracketed sentence in the NAIC LTC Model Regulation Appendix B becomes appropriate. Within the rate increase listing, the format will not change, but a policy form/rate increase may be added in the future identifying policy form number, years available for sale, year of rate increase and percent of rate increase. Should any additional explanatory information be added, we will submit a revised copy for approval.

Your prompt review and consideration are appreciated. Please feel free to contact me if you should have any questions regarding this submission. I can be reached at (800) 974-2266 ext. 50986 or FAX (423) 209-3616.

Sincerely,

A handwritten signature in cursive script that reads "Jason L. Sirois".

Jason L. Sirois
Senior Contract Analyst
Unum Life Insurance Company of America



March 27, 2008

State of Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

Re: Unum Life Insurance Company of America
NAIC #565-62235
FEIN #01-0278678
Individual Long Term Care Insurance
Personal Worksheet 1237-96 (9/07)

Dear Commissioner Bowman:

Please be advised that we are deeming the above captioned filing approved effective March 27, 2008. This form is intended to replace personal worksheet form number 1237-96, approved on January 1, 2000.

Form #	Form Description	Form Type	Replaces Form #
1237-96 (9/07)	Long Term Care Personal Worksheet	Personal Worksheet	1237-96

We would like you to consider the sources and statistical information as "bracketed" or "variable" text that can be updated or removed to reflect the most up-to-date sources without being refiled. Should revisions be made to the body of this material, we will refile for approval with your department.

Thank you for your attention to this filing. If you should have any questions, please feel free to write or contact me at 1-800-974-2266 X50986, via fax at (207) 575-2717 or email jsirois@unumprovident.com.

Sincerely,

A handwritten signature in black ink that reads "Jason L. Sirois". The signature is written in a cursive, flowing style.

Jason L. Sirois
Senior Contract Analyst
Long Term Care Contracts & Compliance